



**Allegheny
Health Network**

Cardiology Associates
Allegheny Professional Building
490 East North Avenue, Suite 307
Pittsburgh, PA 15212

June 11, 2019

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1716-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: Fiscal Year 2020 Hospital Inpatient Prospective Payment Systems – CMS-1716-P

Dear Administrator Verma:

I appreciate the opportunity to provide comment on the FY20 IPPS Proposed Ruling. As the Director of the cardiac catheterization lab and interventional cardiology at Allegheny General Hospital (AGH) my primary goal is to ensure our patients have access to the right care at the right time for their disease state. AGH in Pittsburgh is one of the country's premier health-care institutions where talented and expert physicians and health-care professionals have always dedicated themselves to providing patients with innovative treatments, pioneering research discoveries, and exceptional medical care that is both personalized and compassionate. AGH has 576 licensed beds and approximately 800 physicians and 5,000 staff members. We are committed to improving and maintaining the good health of people in our communities and utilizing every possible technology, resource and talent to make that happen.

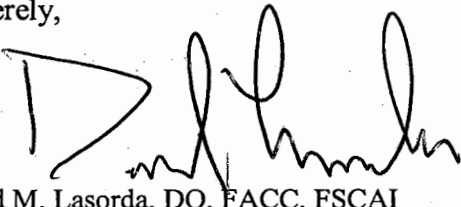
The treatment of cardiogenic shock (CGS) has largely been unchanged for many years and the mortality of this patient population has stagnated at about 50%. In the three years since Impella (a percutaneous ventricular assist device) was PMA FDA approved for CGS, the survival rate has improved to 67% and with implementation of a protocol-based approach, survival improved even further to 82%. Impella is the most studied mechanical circulatory support device in the history of the FDA and has exclusive PMA approvals to allow for native heart recovery with cardiogenic shock derived from AMI or cardiomyopathy, and right sided heart failure.

The FY20 Proposed Rule has a decrease of 29% on the reimbursement for DRG 215, a DRG where many of the cardiogenic shock patients discussed earlier land for billing purposes. Reducing the payment for DRG 215 to a level below the cost of care would impair our hospital's ability to manage the care and access to life saving devices. This would create an access issue and severely disadvantage the Medicare patient population.

I recommend that CMS mitigate this reduction by continuing the FY 2019 weight of DRG 215 into FY20. I believe absent any change to the proposed rule to override this reduction, the weighted payment rate for these procedures will create significant financial challenges for managing patients with advanced cardiovascular disease.

I appreciate your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Lasorda', with a stylized, cursive script.

David M. Lasorda, DO, FACC, FSCAI
Director of Cardiac Catheterization Laboratory
Allegheny General Hospital